

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

ANNUAL REPORTLobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
MAILING ADDRESS (Street)		FAX
		EMAIL
(City)	(State)	(Zip Code)
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1.	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<i>I hereby certify that the foregoing statements are true and correct.</i> _____ LOBBYIST SIGNATURE _____ DATE	Subscribed and sworn to before me This ____ day of _____, _____. By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____
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